

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED
95 MAR 21 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K78215 (6)

1. Corporation Name

BIO-TECH TRACKING SYSTEMS, INC.

Principal Place of Business

1109 W ORANGE AVE
TALLAHASSEE FL 32310

Mailing Address

1109 W ORANGE AVE
TALLAHASSEE FL 32310

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/06/1989

3a. Date of Last Report

06/17/1994

4. FEI Number

59-2959098

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23

City & State

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WHEELER, HUEL
1109 WEST ORANGE AVENUE
TALLAHASSEE FL 32310

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DC
NAME	HANNON, NANCY A
STREET ADDRESS	RT 3 BOX 766
CITY-STATE-ZIP	TALLAHASSEE FL
TITLE	DST
NAME	WHEELER, HUEL E JR
STREET ADDRESS	2929 WOODSIDE DRIVE
CITY-STATE-ZIP	TALLAHASSEE FL
TITLE	D
NAME	HANNON, GEORGE MIKE
STREET ADDRESS	RT 3 BOX 766
CITY-STATE-ZIP	TALLAHASSEE FL
TITLE	D
NAME	HANNON, JULIE
STREET ADDRESS	RT 3 BOX 766
CITY-STATE-ZIP	TALLAHASSEE FL
TITLE	D
NAME	WHEELER, KAY S.
STREET ADDRESS	2929 WOODSIDE DRIVE
CITY-STATE-ZIP	TALLAHASSEE FL
TITLE	DP
NAME	HANNON, JOSPEH R
STREET ADDRESS	RT 3 BOX 766
CITY-STATE-ZIP	TALLAHASSEE FL

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is true and correct and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplement to this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the registered agent or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, and my signature with an address.

SIGNATURE

SIGNATURE AND FULLY PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Here